

Texas Department of Health Monthly Biological Report

 Agency

 Address Suite/Room No.

 City Zip

 Month / Year of Report

 Name of Person Completing This Report
 (_____) - _____
 Telephone Number With Area Code

PIN _____

See reverse for instructions

Vaccine	A. Doses on Hand at Beginning of Month	B. Doses Received During Month	C. Usable Doses Returned to Your Inventory	D. A+B+C=	E. Doses Administered During Month			F. Doses Sent Back to Vaccine Distributor.	G. Doses Issued Out of Your Inventory to Other Providers	H. Doses on Hand at End of Month	I. Net Doses Lost or Gained: Enter (-) or (+) Figure
	Beginning inventory	Add to inventory	Add to inventory	Subtotal	Subtract total from inventory			Subtract from inventory	Subtract from inventory	Ending inventory	
					< 1-18	19 +	Total				
DT											
DTaP											
HEPA											
HEPB											
HIB											
INFLUENZA											
IPV											
MMR											
PCV7											
PNEUMOCOCCAL											
Td											
VARICELLA											
DTaP-HEPB-IPV											
HIB-HEPB											

This is to certify that this report is a true accounting of the above biologicals received from the Texas Department of Health that were administered during the reported time period. No one was refused immunizations for failure to pay an administrative fee or failure to make a donation to the provider.

Explanation of all doses returned (“F” column) and doses gained and lost (“I” column) : _____

 Signature of local health authority or person responsible for vaccine administration

 Date

 Phone

Instructions

This report should be completed monthly by all entities that receive state-supplied vaccines. Retain a copy for one year. Please do not report doses purchased with private funds.

- Column A:** Doses on Hand at Beginning of Month - must be the same as Column H from the previous month's C-33 report. This is the beginning inventory.
- Column B:** Doses Received During Month - enter total doses of each biological received as shown on Biological Order Form C-68 or other documentation. These doses are added to the inventory.
- Column C:** Usable Doses Returned to Your Inventory – state-purchased vaccines received from other providers. These doses are added to the inventory. Do not include wasted or expired vaccines in this column.
- Column D:** Subtotal: Add sections A, B and C.
- Column E:** Doses Administered During Month – enter the number of doses administered to ages birth through 18 years of age in the <1-18 column. Enter the number of doses administered to ages 19 and older in the 19+ column. Add the <1-18 and 19+ doses administered and enter that number to the Total column. Total doses administered for the month are subtracted from inventory.
- Column F:** Doses Sent Back to Vaccine Distributor - this includes wasted and expired/expiring vaccines. Please give an explanation of all returned vaccines at the bottom of the form. These doses are subtracted from the inventory.
- Column G:** Doses Issued Out of Your Inventory to Other Providers - state-purchased vaccines issued out of your inventory to other providers. These doses are subtracted from the inventory. Do not include wasted or expired vaccines in this column.
- Column H:** Doses on Hand at End of Month (Actual Physical Count) – this is the physical count of each dose of each biological. This is the ending inventory for the month, and will also be the beginning inventory for next month's report.
- Column I:** Net Doses Lost or Gained - enter net doses lost or gained computed as follows:
E+F+G+H should equal D. If E+F+G+H is larger than D, you have a gain. If E+F+G+H is smaller than D, you have a loss. Please explain all losses and gains.